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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing

Attorney Docket Number	026-1
First Named Inventor	M. Dornelas
COMPLETE IF KNOWN	
Application Number	09/578,194
Filing Date	May 24, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODULATION OF STORAGE ORGANS

(Title of the Invention)

the specification of which

is attached hereto
OR

was filed on (MM/DD/YYYY)

05/24/2000

as United States Application Number or PCT International

Application Number

09/578,194

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto

[Page 1 of 5]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

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PTC/SB.01 (8-96)

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DECLARATION

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Dana S. Rewoldt Garst Seed Company 2369 330th Street Slater, Iowa 50244	33,762		

Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Dana S. Rewoldt / Sue Denmon		
Address	Garst Seed Company		
Address	2369 330th Street		
City	Slater	State	Iowa
Country	U.S.A.	Telephone	515 685 5113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Marcelo	Middle Initial		Family Name	Dornelas		Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City	B. Colinos	State		Country	Brazil		Citizenship BR
Post Office Address	R. Bernardino A. Leite 535						
Post Office Address							
City	B. Colinos	State	Zip	79603-060	Country	Brazil	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Martin	Middle Initial	Family Name	Kreis		Suffix
Inventor's Signature					Date	
Residence: City	Orsay	State	Country	France		Citizenship
Post Office Address	Batiment 630					
Post Office Address	F - 91405					
City	Orsay	State	Zip	Country	France	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Andre	Middle Initial	A.M.	Family Name	van Lammeren	
Inventor's Signature					Date	
Residence: City	Wageningen	State	Country	The Netherlands		Citizenship
Post Office Address	Arboretumlaan 4					
Post Office Address	6703 BD					
City	Wageningen	State	Zip	6703 BD	Country	The Netherlands
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name		Middle Initial		Family Name		
Inventor's Signature					Date	
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name		Middle Initial		Family Name		
Inventor's Signature					Date	
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name	Middle Initial	Family Name	Suffix e.g. Jr.	
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	LU
Post Office Address	Bâtiment 630			
Post Office Address	F - 91405			
City	State	Zip	Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name	Middle Initial	Family Name	Suffix e.g. Jr.	
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	NL
Post Office Address	Arboretumlaan 4			
Post Office Address	6703 BD			
City	State	Zip	Country	The Netherlands
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name	Middle Initial	Family Name	Suffix e.g. Jr.	
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Post Office Address				
Post Office Address				
City	State	Zip	Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name	Middle Initial	Family Name	Suffix e.g. Jr.	
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Post Office Address				
Post Office Address				
City	State	Zip	Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto				